

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D		10/27/99
O.I.P.E. CLASSIFIER			5 11-1-99
FORMALITY REVIEW	KS	7172	11-12

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/27/99
2	✓	✓	10/27/99
3	✓	✓	10/27/99
4	✓	✓	10/27/99
5	✓	✓	10/27/99
6	✓	✓	10/27/99
7	✓	✓	10/27/99
8	0	0	0
9	0	0	0
10	✓	✓	10/27/99
11	0	0	0
12	0	0	0
13	0	0	0
14	0	0	0
15	✓	✓	10/27/99
16	✓	✓	10/27/99
17	✓	✓	10/27/99
18	✓	✓	10/27/99
19	✓	✓	10/27/99
20	✓	✓	10/27/99
21	✓	✓	10/27/99
22	0	0	0
23	0	0	0
24	✓	✓	10/27/99
25	✓	✓	10/27/99
26	✓	✓	10/27/99
27	✓	✓	10/27/99
28	0	0	0
29	✓	✓	10/27/99
30	✓	✓	10/27/99
31	✓	✓	10/27/99
32	✓	✓	10/27/99
33	✓	✓	10/27/99
34	✓	✓	10/27/99
35	✓	✓	10/27/99
36	✓	✓	10/27/99
37	✓	✓	10/27/99
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39	✓	✓	10/27/99
40	✓	✓	10/27/99
41	✓	✓	10/27/99
42	✓	✓	10/27/99
43	✓	✓	10/27/99
44	✓	✓	10/27/99
45	✓	✓	10/27/99
46	✓	✓	10/27/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy